

| 1. CIR./DIST./DIV. CODE<br>MAX                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                | 2. PERSON REPRESENTED<br>Gray, Spencer                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | VOUCHER NUMBER                |                           |                                                        |  |               |                      |                          |                           |                   |                             |                                |  |  |  |  |  |                                |  |  |  |  |  |                    |  |  |  |  |  |          |  |  |  |  |  |                        |  |  |  |  |  |                        |  |  |  |  |  |                  |  |  |  |  |  |                                         |  |  |  |  |  |                               |  |  |  |  |  |  |                                                |                                   |  |  |  |  |  |                                    |  |  |  |  |  |                                     |  |  |  |  |  |                |  |  |  |  |  |                                                                |  |  |  |  |  |                               |  |  |  |  |  |  |                                                              |  |  |  |  |  |  |                                                           |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 3. MAG. DKT./DEF. NUMBER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                | 4. DIST. DKT./DEF. NUMBER<br>1:04-010115-001                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 5. APPEALS DKT./DEF. NUMBER   |                           |                                                        |  |               |                      |                          |                           |                   |                             |                                |  |  |  |  |  |                                |  |  |  |  |  |                    |  |  |  |  |  |          |  |  |  |  |  |                        |  |  |  |  |  |                        |  |  |  |  |  |                  |  |  |  |  |  |                                         |  |  |  |  |  |                               |  |  |  |  |  |  |                                                |                                   |  |  |  |  |  |                                    |  |  |  |  |  |                                     |  |  |  |  |  |                |  |  |  |  |  |                                                                |  |  |  |  |  |                               |  |  |  |  |  |  |                                                              |  |  |  |  |  |  |                                                           |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 6. OTHER DKT. NUMBER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                | 7. IN CASE/MATTER OF (Case Name)<br>U.S. v. Gray               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 8. PAYMENT CATEGORY<br>Felony |                           |                                                        |  |               |                      |                          |                           |                   |                             |                                |  |  |  |  |  |                                |  |  |  |  |  |                    |  |  |  |  |  |          |  |  |  |  |  |                        |  |  |  |  |  |                        |  |  |  |  |  |                  |  |  |  |  |  |                                         |  |  |  |  |  |                               |  |  |  |  |  |  |                                                |                                   |  |  |  |  |  |                                    |  |  |  |  |  |                                     |  |  |  |  |  |                |  |  |  |  |  |                                                                |  |  |  |  |  |                               |  |  |  |  |  |  |                                                              |  |  |  |  |  |  |                                                           |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 9. TYPE PERSON REPRESENTED<br>Adult Defendant                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                | 10. REPRESENTATION TYPE<br>(See Instructions)<br>Criminal Case |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                               |                           |                                                        |  |               |                      |                          |                           |                   |                             |                                |  |  |  |  |  |                                |  |  |  |  |  |                    |  |  |  |  |  |          |  |  |  |  |  |                        |  |  |  |  |  |                        |  |  |  |  |  |                  |  |  |  |  |  |                                         |  |  |  |  |  |                               |  |  |  |  |  |  |                                                |                                   |  |  |  |  |  |                                    |  |  |  |  |  |                                     |  |  |  |  |  |                |  |  |  |  |  |                                                                |  |  |  |  |  |                               |  |  |  |  |  |  |                                                              |  |  |  |  |  |  |                                                           |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) If more than one offense, list (up to five) major offenses charged, according to severity of offense.<br>1) 21 860A=CD.F -- DISTRIBUTE IN OR NEAR SCHOOLS/CONTROLLED SUBSTANCE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                |                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                               |                           |                                                        |  |               |                      |                          |                           |                   |                             |                                |  |  |  |  |  |                                |  |  |  |  |  |                    |  |  |  |  |  |          |  |  |  |  |  |                        |  |  |  |  |  |                        |  |  |  |  |  |                  |  |  |  |  |  |                                         |  |  |  |  |  |                               |  |  |  |  |  |  |                                                |                                   |  |  |  |  |  |                                    |  |  |  |  |  |                                     |  |  |  |  |  |                |  |  |  |  |  |                                                                |  |  |  |  |  |                               |  |  |  |  |  |  |                                                              |  |  |  |  |  |  |                                                           |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 12. ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix)<br>AND MAILING ADDRESS<br>Rankin, Charles W.<br>Rankin and Sultan<br>151 Merrimac Street<br>Boston MA 02114-4717<br><br>Telephone Number: (617) 720-0011                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                |                                                                | 13. COURT ORDER<br><input checked="" type="checkbox"/> O Appointing Counsel <input type="checkbox"/> C Co-Counsel<br><input type="checkbox"/> F Subs For Federal Defender <input type="checkbox"/> R Subs For Retained Attorney<br><input type="checkbox"/> P Subs For Panel Attorney <input type="checkbox"/> Y Standby Counsel<br>Prior Attorney's Name: _____<br>Appointment Date: _____<br><input type="checkbox"/> Because the above-named person represented has testified under oath or has otherwise satisfied this court that he or she (1) is financially unable to employ counsel and (2) does not wish to waive counsel, and because the interests of justice so require, the attorney whose name appears in (Item 12) is appointed to represent this person in this case, or<br><input type="checkbox"/> Other (See Instructions) _____<br>Signature of Presiding Judicial Officer or By Order of the Court<br>03/12/2008<br>Date of Order      Nunc Pro Tunc Date<br>Repayment or partial repayment ordered from the person represented for this service at time of appointment. <input type="checkbox"/> YES <input type="checkbox"/> NO |                               |                           |                                                        |  |               |                      |                          |                           |                   |                             |                                |  |  |  |  |  |                                |  |  |  |  |  |                    |  |  |  |  |  |          |  |  |  |  |  |                        |  |  |  |  |  |                        |  |  |  |  |  |                  |  |  |  |  |  |                                         |  |  |  |  |  |                               |  |  |  |  |  |  |                                                |                                   |  |  |  |  |  |                                    |  |  |  |  |  |                                     |  |  |  |  |  |                |  |  |  |  |  |                                                                |  |  |  |  |  |                               |  |  |  |  |  |  |                                                              |  |  |  |  |  |  |                                                           |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 14. NAME AND MAILING ADDRESS OF LAW FIRM (only provide per Instructions)<br>RANKIN AND SULTAN<br>Rankin and Sultan<br>151 Merrimac Street<br>Second Floor<br>Boston MA 02114-4717                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                |                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                               |                           |                                                        |  |               |                      |                          |                           |                   |                             |                                |  |  |  |  |  |                                |  |  |  |  |  |                    |  |  |  |  |  |          |  |  |  |  |  |                        |  |  |  |  |  |                        |  |  |  |  |  |                  |  |  |  |  |  |                                         |  |  |  |  |  |                               |  |  |  |  |  |  |                                                |                                   |  |  |  |  |  |                                    |  |  |  |  |  |                                     |  |  |  |  |  |                |  |  |  |  |  |                                                                |  |  |  |  |  |                               |  |  |  |  |  |  |                                                              |  |  |  |  |  |  |                                                           |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">CATEGORIES (Attach itemization of services with dates)</th> <th>HOURS CLAIMED</th> <th>TOTAL AMOUNT CLAIMED</th> <th>MATH/TECH ADJUSTED HOURS</th> <th>MATH/TECH ADJUSTED AMOUNT</th> <th>ADDITIONAL REVIEW</th> </tr> </thead> <tbody> <tr> <td rowspan="8" style="text-align: center; vertical-align: middle;">In<br/>C<br/>o<br/>u<br/>r<br/>t</td> <td>15. a. Arraignment and/or Plea</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>b. Bail and Detention Hearings</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>c. Motion Hearings</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>d. Trial</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>e. Sentencing Hearings</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>f. Revocation Hearings</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>g. Appeals Court</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>h. Other (Specify on additional sheets)</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="2">(Rate per hour = \$ ) TOTALS:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td rowspan="5" style="text-align: center; vertical-align: middle;">O<br/>u<br/>t<br/>o<br/>f<br/>C<br/>o<br/>u<br/>r<br/>t</td> <td>16. a. Interviews and Conferences</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>b. Obtaining and reviewing records</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>c. Legal research and brief writing</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>d. Travel time</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>e. Investigative and Other work (Specify on additional sheets)</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="2">(Rate per hour = \$ ) TOTALS:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="2">17. Travel Expenses (lodging, parking, meals, mileage, etc.)</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="2">18. Other Expenses (other than expert, transcripts, etc.)</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="2"></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> |                                                                |                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                               |                           | CATEGORIES (Attach itemization of services with dates) |  | HOURS CLAIMED | TOTAL AMOUNT CLAIMED | MATH/TECH ADJUSTED HOURS | MATH/TECH ADJUSTED AMOUNT | ADDITIONAL REVIEW | In<br>C<br>o<br>u<br>r<br>t | 15. a. Arraignment and/or Plea |  |  |  |  |  | b. Bail and Detention Hearings |  |  |  |  |  | c. Motion Hearings |  |  |  |  |  | d. Trial |  |  |  |  |  | e. Sentencing Hearings |  |  |  |  |  | f. Revocation Hearings |  |  |  |  |  | g. Appeals Court |  |  |  |  |  | h. Other (Specify on additional sheets) |  |  |  |  |  | (Rate per hour = \$ ) TOTALS: |  |  |  |  |  |  | O<br>u<br>t<br>o<br>f<br>C<br>o<br>u<br>r<br>t | 16. a. Interviews and Conferences |  |  |  |  |  | b. Obtaining and reviewing records |  |  |  |  |  | c. Legal research and brief writing |  |  |  |  |  | d. Travel time |  |  |  |  |  | e. Investigative and Other work (Specify on additional sheets) |  |  |  |  |  | (Rate per hour = \$ ) TOTALS: |  |  |  |  |  |  | 17. Travel Expenses (lodging, parking, meals, mileage, etc.) |  |  |  |  |  |  | 18. Other Expenses (other than expert, transcripts, etc.) |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| In<br>C<br>o<br>u<br>r<br>t                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 15. a. Arraignment and/or Plea                                 |                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                               |                           |                                                        |  |               |                      |                          |                           |                   |                             |                                |  |  |  |  |  |                                |  |  |  |  |  |                    |  |  |  |  |  |          |  |  |  |  |  |                        |  |  |  |  |  |                        |  |  |  |  |  |                  |  |  |  |  |  |                                         |  |  |  |  |  |                               |  |  |  |  |  |  |                                                |                                   |  |  |  |  |  |                                    |  |  |  |  |  |                                     |  |  |  |  |  |                |  |  |  |  |  |                                                                |  |  |  |  |  |                               |  |  |  |  |  |  |                                                              |  |  |  |  |  |  |                                                           |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| O<br>u<br>t<br>o<br>f<br>C<br>o<br>u<br>r<br>t                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 16. a. Interviews and Conferences                              |                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                               |                           |                                                        |  |               |                      |                          |                           |                   |                             |                                |  |  |  |  |  |                                |  |  |  |  |  |                    |  |  |  |  |  |          |  |  |  |  |  |                        |  |  |  |  |  |                        |  |  |  |  |  |                  |  |  |  |  |  |                                         |  |  |  |  |  |                               |  |  |  |  |  |  |                                                |                                   |  |  |  |  |  |                                    |  |  |  |  |  |                                     |  |  |  |  |  |                |  |  |  |  |  |                                                                |  |  |  |  |  |                               |  |  |  |  |  |  |                                                              |  |  |  |  |  |  |                                                           |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| (Rate per hour = \$ ) TOTALS:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                |                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                               |                           |                                                        |  |               |                      |                          |                           |                   |                             |                                |  |  |  |  |  |                                |  |  |  |  |  |                    |  |  |  |  |  |          |  |  |  |  |  |                        |  |  |  |  |  |                        |  |  |  |  |  |                  |  |  |  |  |  |                                         |  |  |  |  |  |                               |  |  |  |  |  |  |                                                |                                   |  |  |  |  |  |                                    |  |  |  |  |  |                                     |  |  |  |  |  |                |  |  |  |  |  |                                                                |  |  |  |  |  |                               |  |  |  |  |  |  |                                                              |  |  |  |  |  |  |                                                           |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 17. Travel Expenses (lodging, parking, meals, mileage, etc.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                |                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                               |                           |                                                        |  |               |                      |                          |                           |                   |                             |                                |  |  |  |  |  |                                |  |  |  |  |  |                    |  |  |  |  |  |          |  |  |  |  |  |                        |  |  |  |  |  |                        |  |  |  |  |  |                  |  |  |  |  |  |                                         |  |  |  |  |  |                               |  |  |  |  |  |  |                                                |                                   |  |  |  |  |  |                                    |  |  |  |  |  |                                     |  |  |  |  |  |                |  |  |  |  |  |                                                                |  |  |  |  |  |                               |  |  |  |  |  |  |                                                              |  |  |  |  |  |  |                                                           |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 18. Other Expenses (other than expert, transcripts, etc.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                |                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                               |                           |                                                        |  |               |                      |                          |                           |                   |                             |                                |  |  |  |  |  |                                |  |  |  |  |  |                    |  |  |  |  |  |          |  |  |  |  |  |                        |  |  |  |  |  |                        |  |  |  |  |  |                  |  |  |  |  |  |                                         |  |  |  |  |  |                               |  |  |  |  |  |  |                                                |                                   |  |  |  |  |  |                                    |  |  |  |  |  |                                     |  |  |  |  |  |                |  |  |  |  |  |                                                                |  |  |  |  |  |                               |  |  |  |  |  |  |                                                              |  |  |  |  |  |  |                                                           |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 19. CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE<br>FROM _____ TO _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                |                                                                | 20. APPOINTMENT TERMINATION DATE<br>IF OTHER THAN CASE COMPLETION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                               | 21. CASE DISPOSITION      |                                                        |  |               |                      |                          |                           |                   |                             |                                |  |  |  |  |  |                                |  |  |  |  |  |                    |  |  |  |  |  |          |  |  |  |  |  |                        |  |  |  |  |  |                        |  |  |  |  |  |                  |  |  |  |  |  |                                         |  |  |  |  |  |                               |  |  |  |  |  |  |                                                |                                   |  |  |  |  |  |                                    |  |  |  |  |  |                                     |  |  |  |  |  |                |  |  |  |  |  |                                                                |  |  |  |  |  |                               |  |  |  |  |  |  |                                                              |  |  |  |  |  |  |                                                           |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 22. CLAIM STATUS <input type="checkbox"/> Final Payment <input type="checkbox"/> Interim Payment Number _____ <input type="checkbox"/> Supplemental Payment<br>Have you previously applied to the court for compensation and/or reimbursement for this case? <input type="checkbox"/> YES <input type="checkbox"/> NO      If yes, were you paid? <input type="checkbox"/> YES <input type="checkbox"/> NO<br>Other than from the court, have you, or to your knowledge has anyone else, received payment (compensation or anything of value) from any other source in connection with this representation? <input type="checkbox"/> YES <input type="checkbox"/> NO      If yes, give details on additional sheets.<br>I swear or affirm the truth or correctness of the above statements.<br>Signature of Attorney: _____      Date: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                |                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                               |                           |                                                        |  |               |                      |                          |                           |                   |                             |                                |  |  |  |  |  |                                |  |  |  |  |  |                    |  |  |  |  |  |          |  |  |  |  |  |                        |  |  |  |  |  |                        |  |  |  |  |  |                  |  |  |  |  |  |                                         |  |  |  |  |  |                               |  |  |  |  |  |  |                                                |                                   |  |  |  |  |  |                                    |  |  |  |  |  |                                     |  |  |  |  |  |                |  |  |  |  |  |                                                                |  |  |  |  |  |                               |  |  |  |  |  |  |                                                              |  |  |  |  |  |  |                                                           |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 23. IN COURT COMP.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                | 24. OUT OF COURT COMP.                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 25. TRAVEL EXPENSES           |                           |                                                        |  |               |                      |                          |                           |                   |                             |                                |  |  |  |  |  |                                |  |  |  |  |  |                    |  |  |  |  |  |          |  |  |  |  |  |                        |  |  |  |  |  |                        |  |  |  |  |  |                  |  |  |  |  |  |                                         |  |  |  |  |  |                               |  |  |  |  |  |  |                                                |                                   |  |  |  |  |  |                                    |  |  |  |  |  |                                     |  |  |  |  |  |                |  |  |  |  |  |                                                                |  |  |  |  |  |                               |  |  |  |  |  |  |                                                              |  |  |  |  |  |  |                                                           |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 26. OTHER EXPENSES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                | 27. TOTAL AMT. APPR / CERT                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                               |                           |                                                        |  |               |                      |                          |                           |                   |                             |                                |  |  |  |  |  |                                |  |  |  |  |  |                    |  |  |  |  |  |          |  |  |  |  |  |                        |  |  |  |  |  |                        |  |  |  |  |  |                  |  |  |  |  |  |                                         |  |  |  |  |  |                               |  |  |  |  |  |  |                                                |                                   |  |  |  |  |  |                                    |  |  |  |  |  |                                     |  |  |  |  |  |                |  |  |  |  |  |                                                                |  |  |  |  |  |                               |  |  |  |  |  |  |                                                              |  |  |  |  |  |  |                                                           |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 28. SIGNATURE OF THE PRESIDING JUDICIAL OFFICER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                |                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | DATE                          |                           |                                                        |  |               |                      |                          |                           |                   |                             |                                |  |  |  |  |  |                                |  |  |  |  |  |                    |  |  |  |  |  |          |  |  |  |  |  |                        |  |  |  |  |  |                        |  |  |  |  |  |                  |  |  |  |  |  |                                         |  |  |  |  |  |                               |  |  |  |  |  |  |                                                |                                   |  |  |  |  |  |                                    |  |  |  |  |  |                                     |  |  |  |  |  |                |  |  |  |  |  |                                                                |  |  |  |  |  |                               |  |  |  |  |  |  |                                                              |  |  |  |  |  |  |                                                           |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 28a. JUDGE / MAG. JUDGE CODE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                |                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                               |                           |                                                        |  |               |                      |                          |                           |                   |                             |                                |  |  |  |  |  |                                |  |  |  |  |  |                    |  |  |  |  |  |          |  |  |  |  |  |                        |  |  |  |  |  |                        |  |  |  |  |  |                  |  |  |  |  |  |                                         |  |  |  |  |  |                               |  |  |  |  |  |  |                                                |                                   |  |  |  |  |  |                                    |  |  |  |  |  |                                     |  |  |  |  |  |                |  |  |  |  |  |                                                                |  |  |  |  |  |                               |  |  |  |  |  |  |                                                              |  |  |  |  |  |  |                                                           |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 29. IN COURT COMP.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                | 30. OUT OF COURT COMP.                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 31. TRAVEL EXPENSES           |                           |                                                        |  |               |                      |                          |                           |                   |                             |                                |  |  |  |  |  |                                |  |  |  |  |  |                    |  |  |  |  |  |          |  |  |  |  |  |                        |  |  |  |  |  |                        |  |  |  |  |  |                  |  |  |  |  |  |                                         |  |  |  |  |  |                               |  |  |  |  |  |  |                                                |                                   |  |  |  |  |  |                                    |  |  |  |  |  |                                     |  |  |  |  |  |                |  |  |  |  |  |                                                                |  |  |  |  |  |                               |  |  |  |  |  |  |                                                              |  |  |  |  |  |  |                                                           |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 32. OTHER EXPENSES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                | 33. TOTAL AMT. APPROVED                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                               |                           |                                                        |  |               |                      |                          |                           |                   |                             |                                |  |  |  |  |  |                                |  |  |  |  |  |                    |  |  |  |  |  |          |  |  |  |  |  |                        |  |  |  |  |  |                        |  |  |  |  |  |                  |  |  |  |  |  |                                         |  |  |  |  |  |                               |  |  |  |  |  |  |                                                |                                   |  |  |  |  |  |                                    |  |  |  |  |  |                                     |  |  |  |  |  |                |  |  |  |  |  |                                                                |  |  |  |  |  |                               |  |  |  |  |  |  |                                                              |  |  |  |  |  |  |                                                           |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 34. SIGNATURE OF CHIEF JUDGE, COURT OF APPEALS (OR DELEGATE) Payment approved in excess of the statutory threshold amount.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                |                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | DATE                          |                           |                                                        |  |               |                      |                          |                           |                   |                             |                                |  |  |  |  |  |                                |  |  |  |  |  |                    |  |  |  |  |  |          |  |  |  |  |  |                        |  |  |  |  |  |                        |  |  |  |  |  |                  |  |  |  |  |  |                                         |  |  |  |  |  |                               |  |  |  |  |  |  |                                                |                                   |  |  |  |  |  |                                    |  |  |  |  |  |                                     |  |  |  |  |  |                |  |  |  |  |  |                                                                |  |  |  |  |  |                               |  |  |  |  |  |  |                                                              |  |  |  |  |  |  |                                                           |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 34a. JUDGE CODE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                |                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                               |                           |                                                        |  |               |                      |                          |                           |                   |                             |                                |  |  |  |  |  |                                |  |  |  |  |  |                    |  |  |  |  |  |          |  |  |  |  |  |                        |  |  |  |  |  |                        |  |  |  |  |  |                  |  |  |  |  |  |                                         |  |  |  |  |  |                               |  |  |  |  |  |  |                                                |                                   |  |  |  |  |  |                                    |  |  |  |  |  |                                     |  |  |  |  |  |                |  |  |  |  |  |                                                                |  |  |  |  |  |                               |  |  |  |  |  |  |                                                              |  |  |  |  |  |  |                                                           |  |  |  |  |  |  |  |  |  |  |  |  |  |